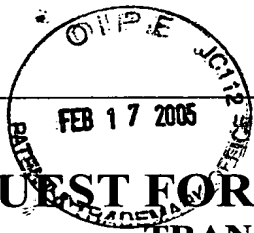


*Handwritten:* RCE



U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)  
TRANSMITTAL FORM (37 C.F.R. § 1.114)**

DOCKET NO. 10537/96	APPLICATION SERIAL NO. 09/832,637	EXAMINER Michael J. KYLE	ART UNIT 3676
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INVENTOR: Alfons GAIL et al.

Address to:  
**Mail Stop RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: Feb. 14, 2005 Reg. No. 42,194

Signature: Clifford A. Ulrich

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/832,637, filed on April 11, 2001, entitled **BRUSH SEAL**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ **X** Amendment
- ☐ Information Disclosure Statement and Form PTO-1449
- ☐ Drawing Changes
- ☐ Other Submission: \_\_\_\_\_

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	14	-	20	0	50.00	0.00
INDEPENDENT CLAIMS	3	-	3	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					360.00	
				*Number extra must be zero or larger	TOTAL	790.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY TOTAL

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

02/18/2005 MAHME1 00000073 110600 09832637

01 FC:1801 790.00 DA

3. Applicants respectfully request a **two-month** extension of time in which to respond to the Office Action mailed September 14, 2004 for which a three-month response period, expiring on December 14, 2004, was set. The two-month extended period for response expires on February 14, 2005. Please charge the 37 C.F.R. § 1.136(a) **two-month extension fee of \$450.00**, and any additional fees that may be required, to **Deposit Account No. 11-0600**.

4. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

5. A duplicate copy of this transmittal form is enclosed.

Dated:

*Feb. 14, 2005*

Respectfully submitted,

By:

*[Signature]*  
Richard L. Mayer  
Reg. No. 22,490  
*42,194*

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**CUSTOMER NO. 26646**